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## *Approved Entities*

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**Waiver Number**                    **410**

**Primary Entity Name**            **Hy Weinberg Center for Communication Disorders at Adelphi University**

**Primary Address**                *One South Avenue*

**Primary Phone Number**        *(516) 877-3385*

*Garden City*

**Current Waiver Issued Beginning Period**

*NY*

*7/1/2016*

*11530-*

**Current Waiver Ending Period**

**County**

*Nasasu*

*6/30/2019*

LMSW

CAT

Physical Therapy

Nursing (RN or Nurse Practitioner)

LCSW

Psychology

Occupational Therapy

Medicine (Physician, Physician Asst., Specialist Asst.)

Licensed\_Applied\_Behavior\_Analyst

Certified\_Behavior\_Analyst\_Assistant

Audiology/Speech Lang.

Mental Health Counseling

Optometry

Other:

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**Additional Sites if any - with Certificate Number**

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**Certificate Number**

**JT - 410 - 521**

**Hy Weinberg Center for Communication Disorders at  
Adelphi University**